

Added  
Waste  
Stream

EPA COPY

16 (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028. Expires 10-31-91  
GSA No. 0246-EPA-07



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

W V D 9 8 8 7 8 1 2 6 6

## II. Name of Installation (Include company and specific site name)

C N G T R A N S M I S S I O N S A L E M D I S T.

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

T U R K E Y R U N R O A D

Street (continued)

City or Town

State

ZIP Code

S A L E M

W V

2 6 4 2 6 -

County Code

County Name

0 3 3

H A R R I S O N

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

R T 1 B O X 1 4 4 A

City or Town

State

ZIP Code

S A L E M

W V

2 6 4 2 6 -

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

P A R K E R

L A R R Y

Job Title

Phone Number (area code and number)

D I S T R I C T S U P E R.

3 0 4 - 7 8 2 - 1 2 0 0

## VI. Installation Contact Address (See Instructions)

A. Contact Address

B. Street or P.O. Box

Location

Mailing

☐☒

City or Town

State

ZIP Code

## VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

C N G T R A N S M I S S I O N C O R P O R A T I O N

Street, P.O. Box, or Route Number

4 4 5 W E S T M A I N S T R E E T

City or Town

State

ZIP Code

C L A R K S B U R G

W V

2 6 3 0 2 - 2 4 5 0

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner  
Indicator

(Date Changed)  
Month Day Year

3 0 4 - 6 2 3 - 8 0 0 0

P

O

Yes

No

☒

RECEIVED  
GENERAL STATE SECTION

DEC 20 1993

ID For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

## A. Hazardous Waste Activity

## 1. Generator (See instructions)

- ☒ a. Greater than 1000 kg/mo (2,200 lbs.)  
☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)  
☐ c. Less than 100 kg/mo (220 lbs.)

## 2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only  
☐ b. For commercial purposes  
 Mode of Transportation

- ☐ 1. Air  
☐ 2. Rail  
☐ 3. Highway  
☐ 4. Water  
☐ 5. Other - specify

3. Treater, Storer, Disposer (at installation)  
Note: A permit is required for this activity; see instructions.

## 4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner  
☐ b. Other Marketer

c. Burner - Indicate device(s)  
Type of Combustion Device

- ☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
☐ 3. Industrial Furnace

## 5. Underground Injection Control

## B. Used Oil/Fuel Activities

## 1. Off-Specification Used Oil Fuel

- ☐ a. Generator Marketing to Burner  
☐ b. Other Marketer  
☐ c. Burner - Indicate device(s)  
 Type of Combustion Device

- ☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
☐ 3. Industrial Furnace

## 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.34)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (D000) ☒

List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s)

D004 D018 D039

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

## C. Other Wastes. (State or other wastes requiring an ID number. See instructions.)

1	2	3	4	5	6

## X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Ronald L. Walden

Name and Official Title (type or print)

RONALD L. WALDEN / ENVIRONMENTAL SPECIALIST

Date Signed

10-25-93

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

New legal owner info  
for facilities listed below

DOMINION RESOURCES, INC.

P. O. Box 26532

Richmond, VA 23261

804-819-2117

Page 2  
Ms. Woodyard  
February 28, 2000

Mann. Dist. Office (Cl. 1993)  
Middle Run Junction  
Oscar Nelson Station  
Pineville District Office  
Salem District Office  
Sardis Station  
Sweeney Station  
Yellow Creek Station  
Bridgeport District (Hope)

WVD988783999 ✓  
WVP000004901 WY 0000 107078 ✓  
WVD988786612 ✓  
Not Rec.  
WVD988781266 ✓  
WVD988798237 ✓  
WVD988778130 ✓  
WVD988774881 ✓  
WVD988804474

In accordance with our earlier discussions with you, this letter serves to inform the Division of the change in parent ownership and to further inform the Division that no other changes, including name or federal tax ID number, have occurred to CNGT, the company named on the registrations. It is our understanding that no further action is required.

Please contact me if you have any questions or if additional information is required.

Sincerely,



William A. Danchuk  
Director, Environmental Affairs

WAD:bu

s://worddata/WAD/woodyard ltr.doc

**RECEIVED**

**MAR 03 2000**

Division of Environmental Protection  
Office of Waste Management  
Notifications

# RECEIVED

MAR 03 2000

# CNG

CONSOLIDATED  
NATURAL GAS  
COMPANY

Division of Environmental Protection  
Office of Waste Management  
Notifications

CNG Tower  
625 Liberty Avenue  
Pittsburgh, PA 15222-3199  
(412) 690-1362

WILLIAM A. DANCHUK  
Director, Environmental Affairs

February 28, 2000

Brenda Woodyard  
West Virginia Division of Environmental Protection  
Office of Waste Management  
1356 Hansford Street  
Charleston, WV 25301

Dear Ms. Woodyard:

Consolidated Natural Gas Company ("CNG") has merged with Dominion Resources, Inc. ("DRI") of Richmond, Virginia. CNG and all of its subsidiary companies has become a wholly-owned subsidiary of DRI.

Consolidated Natural Gas Transmission Company ("CNGT") is a subsidiary of CNG. Hope Gas Company ("HOPE") is also a subsidiary of CNG. CNGT and Hope hold the following hazardous waste generator identification numbers for facilities located in the State of West Virginia:

<u>Name of Facility</u>	<u>ID Numbers</u>
Benedum Hanger	WVD988782207 ✓
Bridgeport District	WVD988801171 ✓
Bridgeport Station	WVD988777611 ✓
Calhoun District Office	WVD988784096 ✓
Camden Station	WVD988778148 ✓
Cornwell Station	WVD980720346 ✓
Davis Station	WVR000003277 ✓
Division 3 H.Q. (P & G)	WVD988792883 ✓
Division H.Q.	WVD988786901 ✓
Hastings Extraction Plant	WVD116025180 ✓
Hastings Station	<del>WVD116025180</del>
Hastings District (P & G)	<del>WVD116025180</del>
Jones Station	WVD988775516 ✓
Kennedy District	WVD988784062 ✓
Kennedy Station	<del>WVD988784062</del>
L.L. Tonkin Station	WVD988793147 ✓
Lightburn Station	WVD988786679 ✓
Loup Creek Station	WVD988785234 ✓

*see last sheet*



ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

WVD988781266

INSTALLATION ADDRESS

CNG TRANSMISSION-SALEM DIST  
RT 1 BOX 144A  
SALEM, WV 26426  
LARRY PARKER DISTRICT SUPER  
TURKEY RUN RD  
SALEM, WV 26426

EPA Form 8700-12A (6-90)

Hazardous Waste Codes: Specific/Non-Specific/Commercial/Chemical  
D001

\*Enter-Continue

F1-Previous Screen

F3-Exit

\*F8-Help

F9-First

F10-Next

change contact  
Add waste codes

542

yes

RESOURCE CONSERVATION AND RECOVERY INFORMATION SYSTEM  
MAINTENANCE FORM FOR EPA NOTIFICATION

WTF# 189

12-21-93

Ann Reed

EPA-ID# 1W1V1D1918181718111216161 Date: 12-20-93

FACILITY NAME CNG transmission - Salem Dist.

New Facility Name

Name Change \_\_\_\_\_

Location of Installation

Street \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County Code \_\_\_\_\_ County Name \_\_\_\_\_

Installation Mailing Address

Street \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Installation Contact

Last Name Parker First Larry

Job Title \_\_\_\_\_ Phone # \_\_\_\_\_

Street \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ownership

Name of Legal Owner \_\_\_\_\_

Street \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Land Type \_\_\_\_\_ Owner Type \_\_\_\_\_

Waste Codes

Delete Old Waste Codes

Add New Waste Codes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

0000 D018  
0004 D039  
\_\_\_\_\_  
\_\_\_\_\_

Updated in RCRIS by Ann Date 12-21-93

Waste Activity	Type	RCRA Reg. Status	RCRA Reg. Desc.
Generator	_____	_____	_____
TSD	_____	_____	_____
Transporter	_____	_____	_____
Mode of Transportation:			
Air _____	Rail _____	Highway _____	Water _____ Other _____
Burner/Blender	B Boiler and/or Industrial Furnace (BIF) only. D BIF only; Smelter Deferral. E BIF only; Small Quantity Exemption claimed. N Not a Burner/Blender, Verified. X Other Burner/Blender Activity. Blank Unverified.		
HWF Market to Burner	X Code indicates that the handler is a generator engaged in marketing to burners of hazardous waste fuel activities. Blank No activity.		
HWF Other Market	X Code indicates that the Handler is engaged in hazardous waste fuel marketing activities other than generator marketing to burner.		
HWF Burner	B Boiler and/or Industrial Furnace. X Indication of activity.		
OSO Market to Burner	X Code indicates that the handler is a generator engaged in marketing to burners of off-spec. used oil fuel.		
OSO Other Market	X Code indicates that the Handler is engaged in marketing of off-spec. used oil fuel other than generator marketing to burner (e.g., marketing to used oil refinery).		
OSO Burner	B Boiler and/or Industrial Furnace. X Indication of Activity.		
SO ACT: _____	Code indicating that the handler is engaged in marketing of specification fuel oil activities. B Boiler and/or Industrial Furnace. X Indication of Activity.		
Burner Types	Utility Boiler _____ Industrial Boiler _____ Ind. Furnace _____		
Underground Injection Control	X Code indicates that the Handler generates and/or treats, stores, or disposes of hazardous waste and has an injection well located at the installation.		
Recycler: _____	C Commercial R Non-Commercial Recycler N Not a Recycler, Verified Blank Not a recycler, unverified.		



<p>Please refer to the instructions for filing Notification before completing this form. The information requested here is required by law, Section 104 of the Resource Conservation and Recovery Act.</p>		<h1>EPA</h1> <h2>Notification of Regulated Waste Activity</h2> <p>United States Environmental Protection Agency</p>		<p>Date Received (For Official Use Only)</p> <p><b>MAY 22 1991</b></p>	
I. Installation's EPA ID Number (Mark X in the appropriate box)					
<input checked="" type="checkbox"/> A First Notification		<input type="checkbox"/> B Subsequent Notification (Complete item 9)		C Installation's EPA ID Number	
				WVD 988781266	
II. Name of Installation (Include company and specific site name)					
CNG TRANSMISSION-SALEM DIST.					
III. Location of Installation (Physical address not P.O. Box or Route Number)					
Street					
TURKEY RUN RD.					
Street (continued)					
City or Town			State	ZIP Code	
SALEM			WV	26426-	
County Code			County Name		
033			HARRISON		
IV. Installation Mailing Address (See Instructions)					
Street or P.O. Box					
RT 1 BOX 144A					
City or Town			State	ZIP Code	
SALEM			WV	26426-	
V. Installation Contact (Person to be contacted regarding waste activities at site)					
Name (last)			Name (first)		
CONLEY			MICHAEL		
Job Title			Phone Number (area code and number)		
DISTRICT SUPER.			304-782-1200		
VI. Installation Contact Address (See Instructions)					
A. Contact Address Location		B. Street or P.O. Box			
<input type="checkbox"/> Mailing <input checked="" type="checkbox"/>					
City or Town			State	ZIP Code	
				-	
VII. Ownership (See Instructions)					
A. Name of Installation's Legal Owner					
CNG TRANSMISSION CORPORATION					
Street, P.O. Box, or Route Number					
445 WEST MAIN STREET					
City or Town			State	ZIP Code	
CLARKSBURG			WV	26301-	
Phone Number (area code and number)			B. Land Type	C. Owner Type	D. Change of Owner Indicator (Date Changed)
304-623-8000			P	P	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

ID. For Official Use Only

## III. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil/Fuel Activities	
<input type="checkbox"/> 1. Generator (See instructions) <input checked="" type="checkbox"/> a. Greater than 1000 kg/mo (2200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) <input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of transportation: <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other (specify _____)	<input type="checkbox"/> 3. Treater-Store-Disposal (at installation) Note: A permit is required for this activity (See instructions) <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Markings to Burn <input type="checkbox"/> b. Other Markings <input type="checkbox"/> 5. Burner (Indicate Markings) Markings (Indicate 1-5 below) <input type="checkbox"/> 1. Burner <input type="checkbox"/> 2. Incinerator <input type="checkbox"/> 3. Incinerator <input type="checkbox"/> 4. Incinerator <input type="checkbox"/> 5. Undergrnd Injection Control	<input type="checkbox"/> 1. Oil Specification (See Oil Spec) <input type="checkbox"/> 2. Generator Markings to Burn <input type="checkbox"/> 3. Other Markings <input type="checkbox"/> 4. Burner (Indicate device (s)) Type of Combustion Device: <input type="checkbox"/> 1. Burner <input type="checkbox"/> 2. Incinerator <input type="checkbox"/> 3. Incinerator <input type="checkbox"/> 4. Incinerator <input type="checkbox"/> 5. Undergrnd Injection Control	<input type="checkbox"/> 6. Specific Markings to Burn or On-site Burner Which Meets the Oil Spec.

## IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. EP Toxic (D004) ☐ (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s) \_\_\_\_\_)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

## X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature Steven L. Burkett Name and Official Title (type or print) **MANAGER** Date Signed 4-10-91  
**STEVEN L. BURKETT ; Environmental Services**

## XI. Comments

GENERAL STATE SECTION

MAY 21 1991

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

\*Land Type:  
\*\*\*\*\*  
\* Enter-Continue F1-Previous Screen F3-Exit \*

\*\*\*\*\*  
\* RCRIS: Notification View Screen 3 of 6 \*

\* EPA Id: WVD988781266 Other Id: Source: N \*

\* Owner Sequence Number: 1  
\* Ownership: CNG TRANSMISSION CORPORATION Type of Owner: P \*

\* Address of Owner/Operator \*

\* Street: 445 WEST MAIN ST  
\* City: CLARKSBURG State: WV Zip Code 26301  
\* Phone: 3046238000 \*

\* Current/Previous Indicator: CO Change Date(MMDDYY): \*

\*\*\*\*\*  
\* Enter-Continue F1-Previous Screen F3-Exit F5-Curr. Owner  
\* F6-Prev. Owner F8-Help F9-First F10-Next \*

\*\*\*\*\*  
\* RCRIS: Notification View Screen 4A of 6 \*

\* EPA Id: WVD988781266 Other Id: Source: N \*

\* Waste Type RCRA Reg RCRA Reg State Reg State Reg  
\* Activity: Status Desc Status Desc \*

\* HW Generator 2 R \*

\* HW TSD \*

\* HW Transporter \*

\* Mode of \*

\* Transportation: Air Rail Highway Water \*

\* Other \*

\* HW Burner/Blender \*

\* NHW Used Oil Recycler \*

\* Underground Injection Control: \*

\* Recycler: \*

\*\*\*\*\*  
\* Enter-Continue F1-Previous Screen F3-Exit F8-Help \*

\*\*\*\*\*  
\* RCRIS: Notification View Screen 5 of 6 \*

\* EPA Id: WVD988781266 Other Id: Source: N \*

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*****
*                               RCRIS: Notification View Screen 2 of 6                               *
*****
*EPA Id: WVD988781266      Other Id:                               Merge Send: Y                               *
*Date Received(MMDDYY):   052291      Source( N/E/S ):  N Non-Notifier Flag:                               *
*Date Acknowledged (MMDDYYYY):                               Send Acknowledgement:                               *
*Name of Installation:   CNG TRANSMISSION-SALEM DIST                               *
*                               Installation Location Address                               *
*Streets:   TURKEY RUN RD                               *
*City:      SALEM                               State:   WV      Zip:      26426                               *
*County Code:  033      County Name:  HARRISON                               *
*                               Installation Mailing Address                               *
*Streets:   RT 1 BOX 144A                               *
*City:      SALEM                               State:   WV      Zip:      26426                               *
*                               Contact Information                               *
*   Last Name      First Name      Title      Phone      Address(M,L,O) *
* CONLEY          MICHAEL          DISTRICT SUPER      3047821200      M                               *
*Streets:   RT 1 BOX 144A                               *
*City:      SALEM                               State:   WV      Zip:      26426                               *

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